

EXHIBIT 174

**MODEL LETTER: ORGAN PROCUREMENT ORGANIZATION NOTICE
TO PUBLIC AND STATE MEDICAID/MEDICARE AGENCIES**

(Date)

Name of Organ Procurement Organization (OPO) Administrator

Name of OPO

Address of OPO

City, State, ZIP Code

Dear **(OPO Administrator)**

Notice is hereby given that on **(date)** the agreement between (name of OPO), and the Secretary of Health and Human Services, as a designated Organ Procurement Organization (OPO) for the **(service area)** is to be terminated.

The Centers for Medicare & Medicaid Services has determined that **(name of OPO)** is not in compliance with Medicare conditions for coverage.

Payment for any services rendered by the OPO after **(effective date of termination)** will not be made after **(date)**.

The above stated service area is now open to any organization that wishes to be designated for all or part of the area. Applications for participation can be obtained from **(respective RO)**.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)